

REGISTRATION FORM
CSREES Grantsmanship Workshop
Little Rock, Arkansas
June 15, 2004

REGISTRATION DEADLINE: June 1, 2004

Please Submit one registration form per person

LAST NAME:	FIRST NAME:	TITLE:
INSTITUTION:	PHONE:	FAX:
ADDRESS:		EMAIL:

REGISTRATION FEES

BEFORE: June 1, 2004	\$35.00	AFTER: June 1, 2004	\$50.00
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HOTEL INFORMATION

Be sure to contact the Airport Holiday Inn at (501) 490-1000 directly to make your room reservation by June 8, 2004. The room rate is \$75.00 per night at the meeting hotel. A block of 35 rooms are being held for conference attendees under the name of UAPB. Hotel tax is 11.5%.

PAYMENT INFORMATION

Registration fee covers attendance at session, lunch, and breaks.

Payment options:

Purchase order – please fax your completed form(s) along with purchase order. Purchase order # _____

Check – Please make payable to University of Arkansas at Pine Bluff. A copy of the registration form must accompany the check.

Credit Card* - Registrants paying by credit card should print or type all of the information below -:

CREDIT CARD: Visa _____ Master Card _____ American Express _____ Discover _____

AMOUNT TO BE CHARGED:\$ _____

Card holder's Name _____ Card Number _____

Signature _____ Expiration Date _____

***Credit card payments will not be accepted after June 1, 2004**

RETURN FORM(S) AND PAYMENT TO:

Mrs. Beverly Cotledge

University of Arkansas at Pine bluff

Mail Slot 4990

Pine Bluff, Arkansas 71601

870-575-7200 (phone) 870-575-4678 (fax)

cotledge_b@uapb.edu (e-mail)